Attachment A University of North Carolina Mobile Communication Device Allowance Request Form

Request Type	:				
		onth (Month, Year):			
Annual Renewal		al End date	End date (Month, Year)		
	Terminate	Termina	te date (Month, Year)		
Payroll Accou					
Employee Info	ormation:				
Name:	_		_		
Title:	_				
Division/ [Department:		_		
Indicate MCD below:	allowance(s) re	equested and provide	business use justification	for each device allowance requested	
MCD Allowance(s) Requested (Y/N) Service Description Business Use Justification Please specify in need. (e.g. IT support services staff providing minutes of cell phone service.) Attach a copinvoice, University cell phone call history report documentation to substantiate your business use			ng 24/7 end user support requiring 300 opy of the employee's service provider ports, or other business use supporting		
	Cell Phone (\$36/Month)	IF APPLICABLE,	IF APPLICABLE, COMPETE THIS SECTION		
		Transfer GA Number to My Personal Phone: Y/N			
	Personal Digital Assistant (PDA)	IF APPLICABLE,	COMPETE THIS SECTION	Ī	
	(\$49/Month) University-				
	Provided Digital Assistant		ation resource matters	ommunication with the risolation of	
	(PDA)	I will not load a	I will not load a personal cell number on this device		
according to MCD allow 2. Since the a for employ 3. For involut 4. Employees times, with 5. The allowa Employee / St. I certify that I we the level of the operation for U	aral Administration to the IRS (no document using this illowance include ees receiving a Montary employment receiving a MCI the cell phone number and records of the cell phone number and records o	cumentation of business us same approval process by sequipment depreciation, ICD allowance. t terminations (e.g. RIF, d. D will be required to have umber listed on the GA din of associated business use aggement Certification is requested toward the business to my supervisor	se is required). Annually, emp May 31 st to be continued into the University will not purchas ismissal), the University will patheir cell phones and/or PDA wectory. will be subject to the Public Republic Responses use designated about 1 will maintain my mobile of have read, understood and	se nor replace cell phone or PDA equipment ay applicable service cancellation fees. with them, charged and operational at all	
Employee's Sig	gnature (Require	ed)	Date		
I certify that the communication	requested allo	s described above. I ce	s employee, to cover Univers	sity-related expenditures for the mobile been justified to UNC-GA's Mobile	
Employee's Su	pervisor / Depa	rtment Head (Required)	Date		
Chief of Staff or Senior VP for Academic Affairs (Required)			ired) Date		